

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 23 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000013288

1. Corporation Name

RENEGADE ROOFING, INC.

2. Principal Office Address

7930 W. 26 AVE

Suite, Apt. #, etc.

8

City & State

HIALEAH, FL

Zip

33016

Country

USA

3. Mailing Office Address

18520 NW 67 AVE

Suite, Apt. #, etc.

209

City & State

HIALEAH, FL.

Zip

33015

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/10/99

5. FEI Number

65-0894382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE DUQUE

Street Address (P.O. Box Number is Not Acceptable)

8520 NW 172 STREET

Suite, Apt. #, Etc.

700010670277

01/23/03--01038--007 **300.00

City

HIALEAH, FL. 33015

State

FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jose Duque

REGISTERED AGENT MUST SIGN

Date

1/14/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD/ NPD	JOSE DUQUE	8520 NW 172 STREET HIALEAH, FLORIDA 33015	HIALEAH, FL. 33015
S	ARMANDO L. FLORES	18520 NW 67 AVE # 209	HIALEAH, FL. 33015

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

Date

(305) 231-7111

Daytime Phone #



Renegade Roofing, Inc.

7930 W. 26 Avenue, Hialeah, Florida 33016

Office: (305) 231-7111

Fax: (305) 231-7715

January 14, 2003

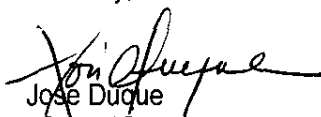
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

The following is a request to waive the re-instatement fee of \$900. We do not understand why we did not get our Uniform Business Report. The address you have on file is correct. We receive all our tax forms from the IRS and Florida Department of Revenue at 18520 NW 67 Avenue #209, Hialeah, Florida 33015.

Enclosed you will find our corporation re-instatement form and \$300. We also included a copy of the most recent correspondence that we received from the Florida Department of Revenue demonstrating that the address is correct and that we have received our mail. We honestly do not understand what has happened. If it weren't for a Creditor that informed us we wouldn't have realized it. Please advise us of your decision.

If you have any questions, please feel free to contact us at (305) 231-7111.

Cordially,


Jose Duque
PRESIDENT